

# BUILDING PERMIT APPLICATION



777 B STREET  
HAYWARD, CA  
94541-5007  
(510)583-4140

NUMBER	DATE	RECEIVED BY	SITE ADDRESS
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PRESENT USE OF BLDG.

PROPOSED USE OF BLDG.

OCC GRP/DIVISION:

CONST. TYPE

## VALUE CALCULATION:

OCC.	CONST.	AREA	UNIT PRICE	VALUE

OWNER NAME	PHONE #	FAX #
MAILING ADDRESS		
CITY, STATE, ZIP		
CONTRACTOR NAME		PHONE / CELL
MAILING ADDRESS		
CITY,STATE, ZIP		
I hereby affirm that I am licensed under provisions of Chapter 9 (commencing with Section 7000) of Division 3 of the Business and Professions Code, and my license is in full force and effect.		
LICENSE # AND CLASS		CITY BUS. TAX #
CONTRACTOR'S SIGNATURE		
ARCH/ENG. NAME		
MAILING ADDRESS		
CITY, STATE, ZIP		PHONE #

VALUATION = \_\_\_\_\_

## FEES

BUILDING PERMIT \_\_\_\_\_  
PLAN CHECK \_\_\_\_\_  
ADD.'L PLAN CHECK \_\_\_\_\_  
ENERGY PLAN CHECK \_\_\_\_\_  
ACCESS \_\_\_\_\_  
MICROFILMING \_\_\_\_\_  
STRONG MOTION INST. FEE \_\_\_\_\_  
PERMIT ISSUANCE \_\_\_\_\_  
CONST. IMPROVEMENT TAX \_\_\_\_\_  
SUPP. CONST. IMP. TAX \_\_\_\_\_  
SCHOOL FEE \_\_\_\_\_  
PLAN CHECK DEPOSIT \_\_\_\_\_  
MISCELLANEOUS FEE \_\_\_\_\_

Total Due \_\_\_\_\_

I CERTIFY THAT I HAVE READ THIS APPLICATION AND STATE THAT THE ABOVE INFORMATION IS CORRECT. I AGREE TO COMPLY WITH ALL CITY, COUNTY AND STATE LAWS RELATING TO BUILDING CONSTRUCTION. I HEREBY AUTHORIZE REPRESENTATIVES OF THE CITY TO ENTER UPON THE PROPERTY FOR INSPECTION PURPOSES.

**CONTACT PERSON** \_\_\_\_\_ PHONE # \_\_\_\_\_  
FAX # \_\_\_\_\_ E-MAIL \_\_\_\_\_

MAILING ADDRESS CITY,STATE, ZIP

NAME OF APPLICANT (PLEASE PRINT)

**X**

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

PHONE NUMBER \_\_\_\_\_ ADDRESS \_\_\_\_\_

Planning Stamp

Fire Stamp

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## ROUTING FOR REVIEW

<input type="checkbox"/> ARCHITECTURAL _____	<input type="checkbox"/> PLANNING _____
<input type="checkbox"/> STRUCTURAL _____	<input type="checkbox"/> FIRE _____
<input type="checkbox"/> ELECTRICAL _____	<input type="checkbox"/> SOLID WASTE _____
<input type="checkbox"/> MECH/PLUMB _____	<input type="checkbox"/> WATER _____
<input type="checkbox"/> T-24 _____	<input type="checkbox"/> WPSC _____

DESCRIPTION: \_\_\_\_\_
